



Making Social Care
Better for People

Inspecting for better lives

Key inspection report

Care homes for older people

Name:	Lound Hall Nursing Home
Address:	Town Street Lound Retford Nottinghamshire DN22 8RS

The quality rating for this care home is:

two star good service

A quality rating is our assessment of how well a care home, agency or scheme is meeting the needs of the people who use it. We give a quality rating following a full assessment of the service. We call this a 'key' inspection.

Lead inspector:	Date:
Frances Shillito	3 1 0 3 2 0 0 9

This is a report of an inspection where we looked at how well this care home is meeting the needs of people who use it. There is a summary of what we think this service does well, what they have improved on and, where it applies, what they need to do better. We use the national minimum standards to describe the outcomes that people should experience. National minimum standards are written by the Department of Health for each type of care service.

After the summary there is more detail about our findings. The following table explains what you will see under each outcome area.

Outcome area (for example Choice of home)

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

This box tells you the outcomes that we will always inspect against when we do a key inspection.

This box tells you any additional outcomes that we may inspect against when we do a key inspection.

This is what people staying in this care home experience:

Judgement:

This box tells you our opinion of what we have looked at in this outcome area. We will say whether it is excellent, good, adequate or poor.

Evidence:

This box describes the information we used to come to our judgement.

Copies of the National Minimum Standards – Care Homes for Older People can be found at www.dh.gov.uk or bought from The Stationery Office (TSO) PO Box 29, St Crispins, Duke Street, Norwich, NR3 1GN. Tel: 0870 600 5522. Online ordering from the Stationery Office is also available: www.tso.co.uk/bookshop

The Commission for Social Care Inspection aims to:

- Put the people who use social care first
- Improve services and stamp out bad practice
- Be an expert voice on social care
- Practise what we preach in our own organisation

Our duty to regulate social care services is set out in the Care Standards Act 2000.

Reader Information

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Internet address	www.cqc.org.uk

Information about the care home

Name of care home:	Lound Hall Nursing Home
Address:	Town Street Lound Retford Nottinghamshire DN22 8RS
Telephone number:	01777818082
Fax number:	01777818084
Email address:	
Provider web address:	

Name of registered provider(s):	MPS Care Homes Ltd
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Type of registration:	care home
Number of places registered:	30

Conditions of registration:		
Category(ies) :	Number of places (if applicable):	
	Under 65	Over 65
dementia	30	0
old age, not falling within any other category	0	30
physical disability	30	0
Additional conditions:		
The maximum number of service users who can be accommodated is 30.		
The registered person may provide the following categories of service only: Care Home with Nursing - Code N to service users of the following gender: Either whose primary care needs on admission to the home are within the following categories: Old age, not falling within any other category - Code OP Dementia - Code DE Physical Disability - Code PD		
Date of last inspection		

Brief description of the care home

Lound Hall Care Home is situated in the village of Lound close to Retford, Nottinghamshire. The service provides Nursing and Residential Care for up to 30 older people, some of whom have a physical disability and/or a dementia type illness.

The accommodation comprises of two lounges and a dining room and both single and double rooms are available, all with ensuite facilities.

The home, which is suitable for people with mobility problems, provides a passenger lift and level access.

The gardens are accessible to wheelchairs and provide a range of seating within a mature well-maintained garden.

Private charges range from: Residential £543.00 to £596.00/ Nursing £596.00 + PCT allowance. Extra charges are in place for hairdressing, chiropody, personal toiletries and escorts for hospital appointments.

A copy of the last CQC Inspection report is available on the wall in the reception area, and every one moving into the service are given an admission pack, which contains a copy of the service user guide.

Copies of CQC Inspection reports can also be accessed at the CQC website www.cqc.org.uk.

Further information can be obtained from the registered manager.

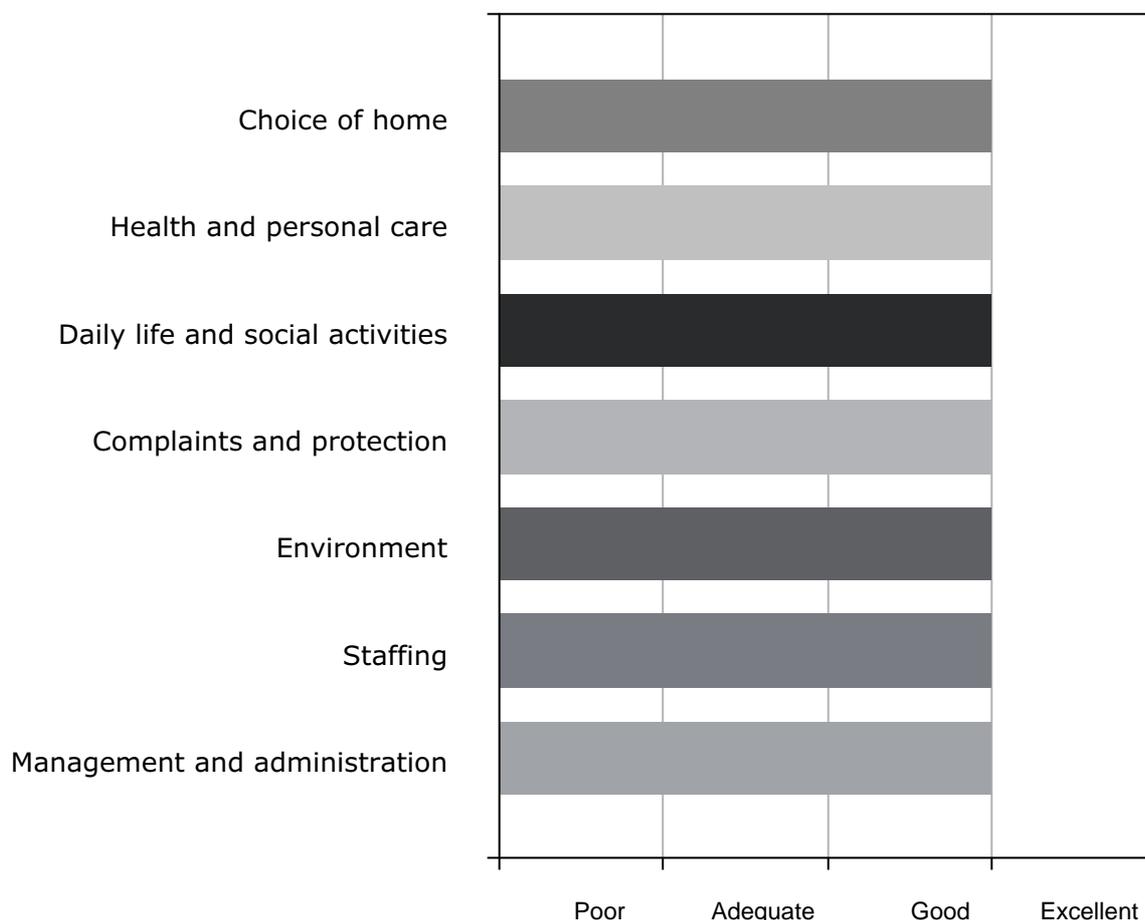
Summary

This is an overview of what we found during the inspection.

The quality rating for this care home is:

two star good service

Our judgement for each outcome:



How we did our inspection:

The focus of inspections carried out by CSCI (Commission for Social Care Inspection) is on the experiences and outcomes for people using a service, and their views on the service provided. This process assesses how well the service provider is able to meet regulations and minimum standards of practice. Our inspections also look at aspects of service provision which need further development or improvement.

This was our first visit to Lound Hall since October 2008. A focused inspection known as a random inspection had been carried out, following information we received. This inspection visit involved one inspector, it was unannounced and took place in the daytime.

Before the visit an analysis of the home was carried out from information gathered over the last year, including that from the Annual Quality Assurance Assessment

completed by the manager. We also sent out survey forms called 'Have Your Say About...' to people living at the home and fifteen were completed and returned to us.

The main method of gathering information followed is known as "case tracking". This involves looking at the quality of the care received by a number of people living at the home. We also use evidence from our observations during the visit, we speak with people living at the home and their relatives, about their experience of the service. We look at records and talk with staff about their understanding of the needs of the people they care for.

What the care home does well:

People are given the information and support to help them decide if the home is the right one for them. They are welcome to look around the home and meet staff who will be their point of contact when they move in. Detailed assessments are carried out with the involvement of each person and their relatives.

People receive care that is tailored to their individual needs. They are involved in activities at the home with the support of an Activities Organiser. Staff support people to keep in touch with family and friends and links with the community.

People are confident that their concerns or complaints would be taken seriously and they feel safe and protected.

The home provides clean, well maintained and comfortable accommodation for the people who live there.

There are enough staff working at the home and people benefit from a stable staff team. Staff are properly checked before they are allowed to start work, to make sure people living there are kept safe.

The manager is experienced and well qualified and the home is run in the best interests of the people who live there.

What has improved since the last inspection?

Clear records are now kept of the administration and disposal of medicines within the home. Regular checks are now taking place, to make sure that any errors are found and dealt with as promptly as possible, to protect people's health and wellbeing.

Notifications of significant incidents or occurrences at the home are made without delay to us.

The way in which concerns and complaints are recorded and sorted out has improved.

Care plans are now regularly updated to ensure that staff are aware of the care and support each person needs.

The home has good guidance in place for staff to follow to make sure that infections within the home are controlled.

What they could do better:

The quality assurance and audit monitoring arrangements for the receipt, administration, recording and disposal of medication should continue, to ensure good medication management within the home.

The repairs and improvements to the medication room should continue until they are completed.

All staff must be provided with the mandatory and specialist training that is relevant to their work.

If you want to know what action the person responsible for this care home is taking following this report, you can contact them using the details set out on page 4.

The report of this inspection is available from our website www.cqc.org.uk. You can get printed copies from enquiries@cqc.org.uk or by telephoning our order line –0870 240 7535.

Details of our findings

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Choice of home

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People are confident that the care home can support them. This is because there is an accurate assessment of their needs that they, or people close to them, have been involved in. This tells the home all about them and the support they need. People who stay at the home only for intermediate care, have a clear assessment that includes a plan on what they hope for and want to achieve when they return home.

People can decide whether the care home can meet their support and accommodation needs. This is because they, or people close to them, have been able to visit the home and have got full, clear, accurate and up to date information about the home. If they decide to stay in the home they know about their rights and responsibilities because there is an easy to understand contract or statement of terms and conditions between them and the care home that includes how much they will pay and what the home provides for the money.

This is what people staying in this care home experience:

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

People have the information they need to help them decide if the home is right for them.

Evidence:

The home has an information booklet which was seen in the reception area during the inspection visit. It had been confirmed in the Annual Quality Assurance Assessment (AQAA), the paperwork completed by the manager before the inspection visit took place, that the information booklet is updated as needed and given out to people who are interested in the service, in order to give them as much information as possible about Lound Hall. This booklet is produced in large print, making it easy for people to read.

It contains lots of information about the service provided and the running of the home, as well as the contact details of CSCI (Commission for Social Care Inspection) and the local authority Adult Social Care department. The information booklet also explains

Evidence:

how to make a complaint.

The home does not provide intermediate care.

During the inspection visit we looked at the care records of three people. This is known as "case tracking" and is a method of gathering evidence on the experiences of people using the service.

We saw that for each person there was a detailed assessment which was carried out before they moved into the home. Staff said that this helps the home to be confident that a person's needs can be met there.

People living at the home also said that arrangements were made for them to have a look around the home before they moved in, to ensure that they were making the right decision. They confirmed that they were shown around by a staff member who helped them to settle in when they moved in.

We also received fifteen "Have Your Say..." survey forms, which were filled in by people living at Lound Hall. Most people told us that they had received enough information about the home before they moved in. This means that they could be sure that this was the right home for them.

Health and personal care

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People's health, personal and social care needs are met. The home has a plan of care that the person, or someone close to them, has been involved in making. If they take medicine, they manage it themselves if they can. If they cannot manage their medicine, the care home supports them with it, in a safe way. People's right to privacy is respected and the support they get from staff is given in a way that maintains their dignity.

If people are approaching the end of their life, the care home will respect their choices and help them feel comfortable and secure. They, and people close to them, are reassured that their death will be handled with sensitivity, dignity and respect, and take account of their spiritual and cultural wishes.

This is what people staying in this care home experience:

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

People receive the care they need from staff who understand how to care for them.

Evidence:

At the last inspection we found that care plans needed to be reviewed and updated on a monthly basis to take account of changes in people's needs. During this inspection visit we saw that improvements in this area had been achieved.

The manager had told us in the AQAA that, "Plans of care are developed for all service users using the information gathered prior to admission. The information provided is detailed, clear and concise providing staff with guidance on how to meet each service user's needs."

Staff told us that each person and their family where appropriate, are involved in the development of their care plan, which is reviewed every month. They told us that they make time to read care plans, to make sure that they understand the needs of people they are caring for.

Evidence:

The care plans of three people were seen during the inspection visit. For one person there was a holistic, individualised and person centred care plan in place, which created a clear picture of them and how they should be cared for. It included instructions and guidance in respect of arrangements for dying and death. These had been completed with the person and their family's input and were signed by them. We saw that this person had a review of her care plan within two weeks of the inspection visit.

The care plan of a second person seen had also been developed in a holistic and person centered way. It was individualised, detailed and easy to follow. Risk assessments were seen which had been reviewed within appropriate timescales.

One person living at the home said, "Excellent service. All the nurses show a lot of care and consideration." The majority of people who completed our survey forms also told us that they have the care and support they need from staff.

A relative told us, "Staff are always helpful and courteous - it is always a pleasure to visit."

During discussion people said that staff ensure that they have access to health care services, such as the GP, optometrists, the dentist and the chiropodist. This was confirmed in the surveys we received, by what staff said and the records they had made on file on an ongoing basis.

During the last inspection visit we found that the management of controlled medicines needed to be improved to ensure that medicines which are no longer needed are disposed of appropriately. We had also found an error in the medication administration records. We saw that staff had made an entry in the controlled medicines register in the wrong area. In addition we found that an error had occurred where there was a shortfall in some medication. Staff at the home had told us that this error was on the part of the manufacturer. We also saw at the last inspection that that there was no medication stock balance check taking place at shift changeovers.

During this inspection visit we found that the home is now carrying out medication audits as part of it's quality assurance activities. These regular audits help to ensure that if errors occur, they are promptly put right, which protects the health and well being of people living at the home.

In addition the the manager confirmed to us in the AQAA that, "Medication administration records, drugs received and disposed of records, are accurately

Evidence:

maintained. The Home is audited twice a year by the supplying pharmacy who also audits practice, policies and procedures." During the inspection visit the records and stocks of medication were examined and found to be in good order, showing us that improvements had been made. The registered manager later told us during the inspection visit that the pharmacy will be carrying out audits every three months in future. This will help to maintain this improvement.

Also during this inspection we found that previous areas for improvement seen during the last inspection relating to the safe disposal of controlled medication, have led to all medication rounds being completed by two trained staff, to reduce the likelihood of errors.

The registered manager confirmed that the home has positive working relationships with a range of professionals, such as social workers, occupational therapists, district nurses, and GP's. Staff also told us that the home has good working relationships with these professionals to ensure people get the best care possible. We saw from records kept at the home that outside professionals are called upon where needed.

People we spoke to said that staff are friendly and respectful to them and that their privacy and dignity is respected within the home.

Daily life and social activities

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

Each person is treated as an individual and the care home is responsive to his or her race, culture, religion, age, disability, gender and sexual orientation. They are part of their local community. The care home supports people to follow personal interests and activities. People are able to keep in touch with family, friends and representatives. They are as independent as they can be, lead their chosen lifestyle and have the opportunity to make the most of their abilities. People have nutritious and attractive meals and snacks, at a time and place to suit them.

There are no additional outcomes.

This is what people staying in this care home experience:

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

People are involved in activities at the home, and they are supported to maintain contact with family, friends and links with the community.

Evidence:

The manager confirmed in the AQAA that an activities programme is in place. We saw that an Activities Organiser is employed at the home who plans daily activities and arranges occasional outings in the community. During the inspection visit the diary was seen showing "what's on" and lists of activities were seen. This included manicures, beauty therapy, dominoes, scrabble and trips out into the community. The walls of the corridors were decorated with photographic displays of the people living at the home engaging in a range of activities. We saw that people had been making easter bonnets in preparation for a competition. The registered manager told us that a local family doctor will be judging the bonnets. She also told us that people living at the home were going to entertain visitors, when the nearby garden that has been developed for the enjoyment of the people in the village, is opened officially in the coming weeks.

People living at the home filled in some of our "Have Your Say About....." survey forms. There were a number of comments made about the activities provided at the

Evidence:

home that people can join in. One person said, "Not enough activities." Another person said, "I like my own company."

People also told us during the inspection visit that they enjoy the activities at the home and can make suggestions to staff who will act upon them. People said that staff encourage them to maintain contact with their family and friends. They said that they are supported to live the lifestyle of their choice as far as this is possible.

The manager informed us in the AQAA that people are consulted on choice of meals, that catering staff welcome people when they move into the home and identify their individual food preferences. A menu board is on display in the dining room so that people know the meal which is being served.

During the inspection visit people were observed having lunch. The meals served looked tasty and where needed, staff were offering support to people whilst they were eating.

Most of the people who filled in our "Have Your Say About..." survey forms, said that they always like the food. People spoken with during the inspection visit said that they enjoy the food and that there is always a choice. They said that if they prefer something different they can tell staff, who will sort it out for them.

Complaints and protection

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

If people have concerns with their care, they or people close to them know how to complain. Any concern is looked into and action taken to put things right. The care home safeguards people from abuse and neglect and takes action to follow up any allegations.

People's legal rights are protected, including being able to vote in elections.

This is what people staying in this care home experience:

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

People are confident that the home would look into their complaints properly and they feel safe and protected from abuse.

Evidence:

At the last inspection we asked the registered manager to make sure that complaints made are looked into, and any action taken as a result should be explained to the person raising the concerns within 28 days. We found during this inspection visit that improvements had been made in this area.

The manager confirmed to us in the AQAA that the complaints procedure is available to people living at the home, their representatives and staff, and that it clearly states the appropriate procedure to be followed in the event of a complaint.

We saw that the procedure is displayed on notice boards in a number of areas around the home. It is also included in the written information given out to people about Lound Hall. The complaints procedure is in large print, making it easy for people to read.

During the inspection visit took place the registered manager had told us that complaints records kept at the home have been improved, and are now recorded on complaints forms, to show the process followed when looking into concerns. During the inspection visit these records forms were seen. We found that the home had

Evidence:

received one complaint since the last inspection. We saw that the concerns had been looked into without delay and a clear record had been made at every stage of the process. There was clear evidence that the outcome of this complaint had been explained to the person involved and their family. We also found that the home had maintained contact with the local authority Adult Social Care department throughout the investigation. This ensured that a formal approach was followed.

Most of the people who filled in our "Have Your Say About..." surveys forms, told us that they know how to make a complaint. Generally people said that they know who to speak to if they are unhappy about something. One person said, "Mum is very well. We are happy with the way the home is run. Staff are always friendly." Another person told us, "Quite content. Happy with staff." People spoken with during the inspection visit said that they know how to complain, and are confident that if they are not happy about something, this will be resolved by staff. A relative told us, "Any issues we have had to raise with the home have been responded to promptly and with full information provided."

At the last inspection we asked the registered manager to make sure that staff receive safeguarding training to help them to keep people safe. We found during this inspection that this had been achieved. The manager told us in the AQAA that a safeguarding procedure is in place, and that staff at the home have received safeguarding training. During discussion with the manager she said that she had attended training facilitated by Nottinghamshire County Council Adult Social Care Service. Policies and procedures were seen in place, including the Nottinghamshire County Council Safeguarding Adults, Policy, Procedure and Guidance for Alerters - October 2007.

Staff spoken with during the inspection confirmed that they had received safeguarding training and they demonstrated that they understand their responsibilities in relation to reporting suspected abuse. People living at the home said they feel safe and protected.

Environment

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People stay in a safe and well-maintained home that is homely, clean, pleasant and hygienic.

People stay in a home that has enough space and facilities for them to lead the life they choose and to meet their needs. The home makes sure they have the right specialist equipment that encourages and promotes their independence. Their room feels like their own, it is comfortable and they feel safe when they use it.

This is what people staying in this care home experience:

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

The home provides clean, well maintained and comfortable accommodation for the people living there.

Evidence:

During the inspection visit found that the home is well maintained, comfortably furnished and decorated. We saw that there is plenty of communal space for people living at the home. A tour was provided by the registered manager and staff, and we saw that the environment was clean, tidy and in good order.

People living at the home told us in our "Have Your Say About..." survey forms, that the home is always kept fresh and clean. One person said: "The home always looks clean and I have never noticed any odours."

Staff said that some people have been assessed for a key to their bedroom, to help safeguard their privacy and the safety of their belongings. A number of people spoken with during the inspection confirmed this.

The manager informed us that people are encouraged to personalise their bedrooms, and that a refurbishment programme is in place. During the tour of the building a number of people's bedrooms were seen. They were very individual with personal belongings and an array of photographs of family and friends on the walls.

Evidence:

We saw that improvements had been made to the medication room since the last inspection. The registered manager had made sure that a new sink had been fitted and that most of the repairs that were needed had been carried out. She told us that plans had been made for an extractor fan to be installed and that a work top would be put in place to make it easier for staff to deal with medicines.

We also found that the garden provides a pleasant space for people to sit out in good weather. One person said that they would like to have, "A little garden plot for vegetables and flowers."

Evidence was seen during this inspection visit that the home's infection control policies and procedures and related risk assessments are in place to be followed by staff. We found that the infection control policy needs to be reviewed and updated, to make sure that staff are following the latest guidance. However we saw that improvements had been made since the last inspection. We found that the home now has guidance for staff to follow in relation to MRSA and Chlostridium Difficile.

The manager and staff said that the home has good joint working arrangements with the PCT (Primary Care Trust) on continence promotion.

Staffing

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People have safe and appropriate support as there are enough competent staff on duty at all times. They have confidence in the staff at the home because checks have been done to make sure that they are suitable to care for them. Their needs are met and they are cared for by staff who get the relevant training and support from their managers.

There are no additional outcomes.

This is what people staying in this care home experience:

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

Adequate staffing levels are maintained at the home. Recruitment practices are in line with the policy in place. Staff usually have the training that is relevant to their work.

Evidence:

At the last inspection we asked the registered manager to make sure that all the necessary checks are made before staff are employed at the home, and for all the paperwork to be kept on file to confirm this. During this inspection visit we found that the improvements which were needed had been achieved.

Before the inspection visit the manager told us that the recruitment process followed by the home is thorough and that the home prides itself in keeping staff employed there. Staff spoken with said, "We get on very well and the staff turnover is negligible. This reflects on the team." This helps to maintain a stable environment for people living at Lound Hall.

Three staff files were examined and the recruitment records seen were kept in good order. They contained all the necessary paperwork, including proof of identity, satisfactory references and a CRB (Criminal Records Bureau) Enhanced Disclosure. We also saw that there was evidence that staff had an induction soon after starting work.

At the last inspection we had asked the registered manager to look into the staffing

Evidence:

arrangements in place at the home to make sure that they are adequate. The registered manager told us that staffing levels are worked out according to the "Residential Staffing Forum" calculations, which are based on how many people live at the home and their individual needs. She added that staffing levels are increased above this level where this is needed, to ensure that people's needs are met. The staff rotas were seen during the inspection visit. Staff said that there are enough staff employed to provide care, complete the daily records and read the care plans of people they are supporting.

During discussion the registered manager expressed her commitment to staff training and personal development. It was confirmed that the home has not yet met its target for the amount of staff who have achieved an NVQ (National Vocational Qualification) Level 2. However some staff have achieved this qualification and are now working towards Level 3.

The training records at the home were seen. We found that some staff had received the mandatory and specialist training which is relevant to their work. However not all staff had received updates to training in moving and handling, infection control and first aid. Staff spoken with also said that team meetings are held regularly and that minutes are produced for them to read. We saw that the last team meeting took place two weeks before the inspection visit. They also told us that they have supervision with their manager three times a year and feel supported by management they described as "fair."

Staff said that they are a "good team" and that "everyone mucks in." Some staff said they have worked for the home for a number of years and they said that they have seen many changes and improvements at the home. People living at the home and their relatives said, "Always found all staff very helpful." and "Staff are wonderful, many thanks."

Management and administration

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People have confidence in the care home because it is led and managed appropriately. People control their own money and choose how they spend it. If they or someone close to them cannot manage their money, it is managed by the care home in their best interests. The environment is safe for people and staff because appropriate health and safety practices are carried out.

People get the right support from the care home because the manager runs it appropriately with an open approach that makes them feel valued and respected. The people staying at the home are safeguarded because it follows clear financial and accounting procedures, keeps records appropriately and ensures their staff understand the way things should be done. They get the right care because the staff are supervised and supported by their managers.

This is what people staying in this care home experience:

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

The manager is experienced and well qualified and the home is run in the best interests of the people who live there.

Evidence:

The registered manager is well qualified and experienced. Staff said that the atmosphere in the home is open and inclusive. They said that their manager is "fair" and "approachable."

At the last inspection we asked the registered manager to make sure that the views of people with an interest in the home are taken into account. We found during this inspection visit that the registered manager has developed a framework for obtaining the views of people living at the home and their relatives, on how the home is run. The views and comments made by people who have completed survey forms, including visitors to the home and people living there, now influence the way in which the service is provided.

Evidence:

Staff and people living at the home said that the registered manager encourages their views on the direction and running of the home. The minutes of some of the meetings attended by them were seen. There was evidence seen to demonstrate that people are consulted and kept informed of issues relating to the running of the home.

The paperwork known as the AQAA was completed and returned to us by the manager within the required timescale. It contained all the information we had asked for.

Discussion with the manager and information shared with us in the AQAA, showed us that she is aware of any changes that need to be made and is committed to making improvements within the service.

At the previous inspection we had asked the registered manager to make sure that we are kept informed of any significant events taking place at the home. Since that time notifications of significant incidents or occurrences at the home have been made to us without delay. We saw evidence during our inspection visit that the monthly visits required are taking place and a report is written afterwards.

Are there any outstanding requirements from the last inspection?

Yes

No

Outstanding statutory requirements

These are requirements that were set at the previous inspection, but have still not been met. They say what the registered person had to do to meet the Care Standards Act 2000, Care Homes Regulations 2001 and the National Minimum Standards.

No.	Standard	Regulation	Requirement	Timescale for action

Requirements and recommendations from this inspection:

Immediate requirements:

These are immediate requirements that were set on the day we visited this care home. The registered person had to meet these within 48 hours.

No.	Standard	Regulation	Requirement	Timescale for action

Statutory requirements

These requirements set out what the registered person must do to meet the Care Standards Act 2000, Care Homes Regulations 2001 and the National Minimum Standards. The registered person(s) must do this within the timescales we have set.

No.	Standard	Regulation	Requirement	Timescale for action
1	30	18	<p>Staff employed at the home must be provided with the training that is relevant to their work.</p> <p>This will help them to provide the best possible care to people living at the home.</p>	31/03/2010

Recommendations

These recommendations are taken from the best practice described in the National Minimum Standards and the registered person(s) should consider them as a way of improving their service.

No	Refer to Standard	Good Practice Recommendations
1	26	Improvements need to continue to be made to the medication storage room, to ensure it is kept clean, well equipped, ventilated and maintained. This will help to prevent the spread of infection and safeguard the health and well-being of people who live at the home.
2	26	The Infection Control policy and procedure should be reviewed, to take account of national guidance. This will help staff to prevent the spread of infections amongst people living at the home.
3	28	Efforts should continue to be made to make sure that the home achieves its target of having 50% of the staff team with an NVQ (National Vocational Qualification) Level 2

Recommendations

These recommendations are taken from the best practice described in the National Minimum Standards and the registered person(s) should consider them as a way of improving their service.

No	Refer to Standard	Good Practice Recommendations
		qualification.

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